Scituate Community Preservation Committee Funding Request Form

DATE and YEAR of Application: _____

APPLICANT INFORMATION	
Scituate Project Sponsor or Organization:	Historical Society
Mary Porter c/o Sci	tuate Historical Society P.O. Box 276, Scituate, MA 02066
781-545-1083 Telephone Number:	archivist@scituatehistoricalsociety.org Email:
PROJECT INFORMATION	
CPA CATEGORY (check all that apply):	
OPEN SPACE	RECREATION
HISTORIC PRESERVATIO	N COMMUNITY HOUSING
NAME OF PROJECT: Gaelic-English Journa	al Conservation & Digitization
	auacting funds for 2 numacas: 1) to have a book/namer concervator
	construct a preservation storage box and 2) to have a high quality
digitization of the entire document so that it can be put	on our website to be available to scholars and the public.
Attach additional pages incl	luding summary, budget, estimated timeline and justification of nee
243 Cudworth Ro Project Location or Address:	pad, Scituate, MA 02066
	Include map, photo and other imagery for ALL category project
f Open Space or Community Housing:	
Assessor's Map Page, Block & Lot Number:	
Number of acres in parcel:	
Current Zoning Classification:	
Assessed Value:	
Title in name of:	Title Abstract Date:
Number of housing units proposed:	
Cituate CPC Fundina Reauest Form	Page

This project will preserve a rare Irish. This project will make it ac			istorians world-wide.
It is an important artifact for the			
PERMITS AND APPROVALS			
What nermits and annro	vals are required? Have	they been obtained	or have you filed forthem?
Name of Permit	Filed? (Y/N)	Filed (Date)	Obtained (Date)
			at were the outcomes of
upplied at a later date.) No			
Notes:			
What non-financial supp	ort and services are nec	essary, and how wil	ll these beprovided?
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Proposed Funding

Total Project Cost	CPC Funds Requested	Sources of Funds other than CPA	Amount	Funding Secured? (Y/N)*
\$2400.00	\$ 2100.00	Scit. Historical Society	\$300.00	Y
			\$	
			\$	
			\$	
			\$	

		* If the request is still outstandi	ng, when do you expect to hear a decision?
OTHER COMMENTS			
for funding. Plase see	attached do	cuments that desc	re of in evaluating your request
and break	down the Ser	ive provider (NED	cc) estimates.
and conditions a		ements of this Applicatio	thorized, agrees to the terms on and agrees to be bound
Date: 6 · 29 ·	202/ Sign	ature: Mary At	nter
FOR COMMUNITY PRESE	RVATION COMMITTEE USE		
This request rece	ived by Scituate CPC	on	
Copies provided t	to CPC Members on _		
Additional inform	nation required:		
Committee Vote Votes:	Yes/No	Votes: Y/N/Abstain	Date
Recommend to			
Town Meeting			
Other:			

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